

## Supplemental Application Data Sheet

### APPLICATION INFORMATION

Application Number:: 10/549,509  
Filing Date:: September 21, 2006  
Application Type:: 35 U.S.C. 371 (c) (2)  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit:: 1633  
CD-ROM or CD-R?: None  
Number of CD Disks:  
Number of Copies of CDs:  
Sequence Submission?:  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: MODEL FOR MUSCULAR DYSTROPHY AND  
CARDIOMYOPATHY  
Attorney Docket Number:: 36180-100472  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:  
Total Drawing Sheets:: 0  
Small Entity?: Yes  
Latin Name:  
Varyety denomination name:  
Petition Included?: No  
Petition Type:  
Licensed US Govt. Agency:  
Contract or Grant Numbers:  
Secrecy Order in Parent Appl.?: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AU  
Status:: Full Capacity  
Given Name:: Peter  
Family Name:: Currie  
Name Suffix::  
City of Residence:: Camberwell  
State or Prov. of Residence:: VIC  
Country of Residence:: AU  
Street of mailing address:: 12 Murdoch St  
City of mailing address:: Camberwell  
State or Province of mailing address:: VIC  
Country of mailing address:: AU  
Postal or Zip Code of mailing address:: 3124

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GB  
Status:: Full Capacity  
Given Name:: David Ian  
Family Name:: Bassett  
Name Suffix::  
City of Residence:: Gateshead  
State or Prov. of Residence::  
Country of Residence:: GB  
Street of mailing address:: 8 Tempest Street, Blaydon  
City of mailing address:: Gateshead  
State or Province of mailing address::  
Country of mailing address:: GB  
Postal or Zip Code of mailing address:: NE21 4ND

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23644  
Phone: 312-357-1313  
Fax: 312-759-5645  
E-mail Address:

## **REPRESENTATIVE INFORMATION**

Representative Customer Number: 23644

Representative Designation:      Registration Number:      Representative Name:

## **DOMESTIC PRIORITY INFORMATION**

Application:      Continuity Type:      Parent Application:      Parent Filing Date:  
This application is a      371 international of      10/549507      03/18/2004

## **FOREIGN APPLICATION INFORMATION**

Country:      Application Number:      Filing Date:      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name::      Victor Chang Cardiac Research Institute Limited  
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State or Province of mailing address::      New South Wales  
Country of mailing address::                AU  
Postal or Zip Code of mailing address::    2010

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